M

01381

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH · COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) WESLEY (Last) BRADLEY
4. DATE OF DEATH (Month) FEB. (Day) 8 (Year) 1950
5. SEX W
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Nov 7, 1876
9. AGE last birthday 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) storekeeper
10b. KIND OF BUSINESS OR INDUSTRY merchandising
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Henry Bradley
14. MOTHER'S MAIDEN NAME Sallie Knotts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Ivy Deckerman, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) pyelonephritis | 4 mo. |
| 611X Antecedent cause(s) | (b) chronic infected prostatitis - obstructive | 5 years. |
| 137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/15/48
19b. MAJOR FINDINGS OF OPERATION simple hypertrophy prostate - infected chronic.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1935, to Feb. 8, 1950, that I last saw the deceased alive on Feb. 8, 1950, and that death occurred at 3 p m., from the causes and on the date stated above.

SIGNATURE S Paul Knotts MD. (Degree or title) ADDRESS Denton Md DATE SIGNED 2/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 11, 1950
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) Hillsboro, Maryland (State)
DATE REC'D BY LOCAL REG. 2/11/50
REGISTRAR'S SIGNATURE Mrs D O George
24. FUNERAL DIRECTOR J. Virgil Moore, Denton Maryland ADDRESS

15679

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01382

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

FILE No. G 12 MAR 13 1950

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Caroline MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Caroline |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg — LENGTH OF STAY (in this place) 46 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Houston Branch Road | STREET ADDRESS (If rural, give location) Houston Branch Road |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Orrie | (Middle) Nathan | (Last) Briggs | 4. DATE OF DEATH (Month) February (Day) 21 (Year) 1950 |
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH October 26, 1887 | 9. AGE last birthday 62 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME John Briggs | | 14. MOTHER'S MAIDEN NAME Eliza Ann Pinkett | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) — | 16. SOCIAL SECURITY No. None | 17. INFORMANT AND ADDRESS Alice G. Briggs, Federalsburg, Maryland | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Poss. mediastinal tumor

23/X

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) II Bronchiectasis

(c) II Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 28 Nov, 1949, to 21 Feb, 1950, that I last saw the deceased alive on 14 February, 1950, and that death occurred at 9:50 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| John C Rawlins | MD | Federalsburg, Md | 24 Feb 50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE February 24, 1950 | NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery | LOCATION (City, town, or county) (State) Federalsburg, Maryland |
| DATE REC'D BY LOCAL REG. February 24, 1950 | REGISTRAR'S SIGNATURE J. J. Frampton | 24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md. | ADDRESS |

866 VV

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3/13/50

I

RECEIVED
MAR 6 1950
BUREAU Y. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01383

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; LENGTH OF STAY (in this place) 29 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS University Avenue; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location) University Avenue

3. NAME OF DECEASED (Type or Print): (First) Amanda; (Middle) E.; (Last) Brown

4. DATE OF DEATH: (Month) February; (Day) 10; (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 4, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel J. Wright

14. MOTHER'S MAIDEN NAME: Mary Ellen Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Ella Hawke, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 hrs.

420.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1950, to 2/10, 1950, that I last saw the deceased alive on 2/10, 1950, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank M. Anderson MD. | ADDRESS: Federalsburg Md. | DATE SIGNED: 2/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: February 13, 1950 | NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery | LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: February 11, 1950 | REGISTRAR'S SIGNATURE: J.J. Frampton | 24. FUNERAL DIRECTOR: J.J. Frampton and Son | ADDRESS: Federalsburg, Md.

RECEIVED
FEB 21 1950
WASHINGTON, D. C.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01384

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
LENGTH OF STAY (in this place): 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Second Street

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural
STREET ADDRESS (If rural, give location): Near Concord

**3. NAME OF DECEASED** (Type or Print): (First) Mary (Middle) Etta (Last) Brown

**4. DATE OF DEATH**: (Month) February (Day) 19 (Year) 1950

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Widowed

**8. DATE OF BIRTH**: April 19, 1904

**9. AGE** last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework

**10b. KIND OF BUSINESS OR INDUSTRY**: Home

**11. BIRTHPLACE** (State or foreign country): Caroline County, Maryland

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: P. Arthur Noble

**14. MOTHER'S MAIDEN NAME**: Rosa S. Wright

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If year, give war or dates of service)

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT AND ADDRESS**: Phillip Noble Brown, Denton, Maryland

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary occlusion - | 25 min. |
| Antecedent cause(s) | | |
| 420.1 / 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive heart disease | 7 years. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

**22. I hereby certify that I attended the deceased from** Oct, 1942, **to** Feb. 18, 1950, **that I last saw the deceased alive on** Feb 18, 1950, **and that death occurred at** 11:55 P m., **from the causes and on the date stated above.**

SIGNATURE: Paul Noble M.D. (Degree or title) — ADDRESS: Denton Md — DATE SIGNED: 2/21/50

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial | DATE: February 22, 1950 | NAME OF CEMETERY OR CREMATORY: Concord Cemetery | LOCATION (City, town, or county) (State): Concord, Maryland

DATE REC'D BY LOCAL REG.: 2/21/50 | REGISTRAR'S SIGNATURE: Mrs D L George

**24. FUNERAL DIRECTOR** — ADDRESS: J.J. Frampton and Son, Federalsburg, Md.

RECEIVED
FEB 27 1950
BUREAU V. S.

B Anderson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01385

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

**1. PLACE OF DEATH**
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithville Road

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural, give location) Smithville Road

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | Julia | Ellen | Brummell | | February | 12 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | Colored | Widowed | March 7, 1847 | 102 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housework | Home | Caroline County, Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Stephen Phillips | Mary — |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| No | — | None | Fred Brummell, Federalsburg, Md. R.F.D. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**Immediate cause** (a) Cerebral Hemorrhage — Interval between onset and death: 24 hrs.

4432 **Antecedent cause(s)**

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertension & Myocarditis 15 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from 2/12, 1950, to 2/12, 1950, that I last saw the deceased alive on 2/12, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank M. Anderson | M.D. | Federalsburg Md. | 2/14/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | February 15, 1950 | Federal Hill Cemetery | Federalsburg, | Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| February 14, 1950 | J. J. Trampton | J. J. Trampton and Son, | Federalsburg, Md. |

RECEIVED
FEB 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01386

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro — LENGTH OF STAY (in this place) 2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stewart's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MILTON (Middle) ATWOOD (Last) BRYAN

4. DATE OF DEATH: (Month) Feby (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feby 14-1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Owner Barber

11. BIRTHPLACE (State or foreign country): Queenstown Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Bryan

14. MOTHER'S MAIDEN NAME: Ellen Reeves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Beaconut Felton, Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331 X — Antecedent cause(s)

832a — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial & Renal Cerebrosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19, 1949, to Feb 24, 1950, that I last saw the deceased alive on Feb 24, 1950 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Claude A Hovesley MD — ADDRESS Queenstown Md — DATE SIGNED 2-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Feby 26-50 — NAME OF CEMETERY OR ~~CREMATORY~~ Perry Corner — LOCATION (City, town, or county) Nr Greensville (State) Md

DATE REC'D BY LOCAL REG. 2-25-50 — REGISTRAR'S SIGNATURE L. Mac Pippin — 24. FUNERAL DIRECTOR ADDRESS Barton Bros. Centreville Md.

70089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01387

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Caroline | STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillsboro | LENGTH OF STAY (in this place): 81 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillsboro
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Cahall

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1950

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 9/11/1868 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months 5 Days 10 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Greensboro, Maryland | 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John F. Russum | 14. MOTHER'S MAIDEN NAME: Angeline Jarman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No | 16. SOCIAL SECURITY No.: None | 17. INFORMANT AND ADDRESS: Albert Cahall Hillsboro, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death:

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis of Br. Arteries

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 41, to 2/21, 1950, that I last saw the deceased alive on Jan 9, 1950, and that death occurred at 5PM m., from the causes and on the date stated above.

SIGNATURE: Kurt Lederer | (Degree or title): M.D. | ADDRESS: Queen Anne | DATE SIGNED: 2/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/24/50 | NAME OF CEMETERY OR CREMATORY: Greensboro | LOCATION (City, town, or county) (State): Greensboro, Maryland

DATE REC'D BY LOCAL REG.: 2/23/50 | REGISTRAR'S SIGNATURE: Mrs D A Yeager | 24. FUNERAL DIRECTOR: R. B. Rawlings | ADDRESS: Greensboro Md.

RECEIVED
FEB 27 1950
BUREAU V. S.

Dr Lennon

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01388

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH — COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg — LENGTH OF STAY (in this place) 83 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) East Central Avenue

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Haven (Last) Chambers

4. DATE OF DEATH (Month) February (Day) 9 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 2, 1858

9. AGE last birthday 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker

10b. KIND OF BUSINESS OR INDUSTRY Bank

11. BIRTHPLACE (State or foreign country) Bucks County, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry P. Chambers

14. MOTHER'S MAIDEN NAME Matilda L. Haven

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) —

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs. Henry E. Kinder, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | 5 minutes |
| Antecedent cause(s) | (b) Pulmonary Infarct (left) | 4 days. |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Generalized Arteriosclerosis | |

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Dec 6 1949

19b. MAJOR FINDINGS OF OPERATION Urinary Bladder Stone

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 2/8th, 1950 and that death occurred at 2:35a m., from the causes and on the date stated above.

SIGNATURE W. E. Lennon (Degree or title) MD — ADDRESS Federalsburg Md — DATE SIGNED 2-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Feb. 12, 1950 — NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery — LOCATION (City, town, or county) Federalsburg, Maryland (State)

DATE REC'D BY LOCAL REG. February 11, 1950 — REGISTRAR'S SIGNATURE J. J. Frampton — 24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md. — ADDRESS

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RECEIVED
FEB 21 1950
BUREAU V. S.

mv

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

I

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01389

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Federalsburg
LENGTH OF STAY (in this place) none
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Seaford, Del.
STREET ADDRESS " (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Reuben H. Evans

4. DATE OF DEATH (Month) (Day) (Year) 2/9/50 19

5. SEX male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Jan. 8, 1913

9. AGE last birthday 37 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY chicken plant

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Reuben Bolden

14. MOTHER'S MAIDEN NAME Mary Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 218-16-7838

17. INFORMANT Mrs. Reuben Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

8235 Immediate cause (a) Fractured Cervical Vertebra — sudden

Antecedent cause(s)

170C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock. Internal injuries

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crushed under Automobile

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Hynson (COUNTY) Caroline (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 2 - 9 1950 12 m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Automobile accident - Ran off roadway

22. I hereby certify that I attended the deceased from Did not see him alive, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:30 mid night m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson & George Deputy Medical Examiner Denton Md — 2/12/50

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE 2/12/50

NAME OF CEMETERY OR CREMATORY Cokesbury Cem.

LOCATION (City, town, or county) (State) Dorchester Co.

DATE REC'D BY LOCAL REG. February 12, 1950

REGISTRAR'S SIGNATURE Everett Nuttle, Deputy

24. FUNERAL DIRECTOR ADDRESS Adams & Williamson Federalsburg

988 VV

RECEIVED
MAR 6 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01390

# CERTIFICATE OF DEATH

Reg. Dist. No. 16

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Caroline MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely — LENGTH OF STAY (in this place): 50 Yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: None | STREET ADDRESS (If rural, give location): None |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Perry | (Middle) | (Last) Howell | 4. DATE OF DEATH | (Month) 2 | (Day) 7 | (Year) 1950 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 6/17/1874 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months 7 | Days 21 | If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboror | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY? U.S | | | | |
| 13. FATHER'S NAME: William Howell | 14. MOTHER'S MAIDEN NAME: Margaret Clough | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) | 16. SOCIAL SECURITY No.: None | 17. INFORMANT AND ADDRESS: Orah Howell Ridgely, Maryland | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage & Hemiplegia

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Feb. 2, 1949, to Feb. 7, 1950, that I last saw the deceased alive on Feb. 6, 1950, and that death occurred at 3:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Timmons M.D. ADDRESS Greensboro Md DATE SIGNED 2/9/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/11/50 | NAME OF CEMETERY OR CREMATORY: Ridgely | LOCATION (City, town, or county) (State): Ridgely, Maryland |
| DATE REC'D BY LOCAL REG.: Feb. 10, 1950 | REGISTRAR'S SIGNATURE: Mary E. Laird | 24. FUNERAL DIRECTOR: R. B. Rawlings | ADDRESS: Greensboro, Md. |

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 15 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01391

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridgeville Road; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural; STREET ADDRESS (If rural, give location) Bridgeville Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) H. (Last) Johnson, Sr.

4. DATE OF DEATH: (Month) February (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 30, 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Johnson

14. MOTHER'S MAIDEN NAME: Lear Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary J. Johnson, Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 20 Min

Antecedent cause(s) (b) Generalized Arteriosclerosis — 3 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1950, to Feb 2, 1950, that I last saw the deceased alive on Feb 2, 1950, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. R. Lemmon M.D. ADDRESS Federalsburg Md DATE SIGNED Feb. 3rd 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE Feb. 5, 1950; NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery; LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG. February 3, 1950; REGISTRAR'S SIGNATURE J. J. Frampton

24. FUNERAL DIRECTOR J. J. Frampton and Son ADDRESS Federalsburg, Md.

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FEB 21 1950
BUREAU V. S.

Evidence for change of age shown on:

**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

01392

FILM No. G 125 APR 5 1950

# CERTIFICATE OF DEATH

Reg. Dist. No. 66

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Caroline MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely — LENGTH OF STAY (in this place): 59 Yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: None | STREET ADDRESS (If rural, give location): None |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Naomi | (Middle) Luretta | (Last) Jones | 4. DATE OF DEATH | (Month) 2 | (Day) 24 | (Year) 50 |
| 5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Dec. 18, 1891 | 9. AGE last birthday: 58 ~~59~~ yrs. | If under 1 year: Months 2 | Days 6 | If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Ridgely, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | |
| 13. FATHER'S NAME: Ben. Weaver | 14. MOTHER'S MAIDEN NAME: Mary S. Kirchline | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) | 16. SOCIAL SECURITY No.: 217-039-769 | 17. INFORMANT AND ADDRESS: Irene Koenammon Ridgely, Maryland | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchogenic Carcinoma

162x Antecedent cause(s) (b) Metastatic Carcinoma of Omentum

47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 22 1949 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Omentum & Peritoneum — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1949, to Feb. 24, 1950, that I last saw the deceased alive on Feb. 24, 1950, and that death occurred at 5:20P m., from the causes and on the date stated above.

SIGNATURE: Charles H. Stoneman (Degree or title) MD — ADDRESS: Greensboro Md — DATE SIGNED: Feb 25, 50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/26/1950 | NAME OF CEMETERY OR CREMATORY: Ridgely | LOCATION (City, town, or county) (State): Ridgely, Maryland |
| DATE REC'D BY LOCAL REG.: Feb. 26, '50 | REGISTRAR'S SIGNATURE: Mary E. Laird | 24. FUNERAL DIRECTOR: R. B. Rawlings | ADDRESS: Greensboro, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 I

RECEIVED
DEC 3 1950
U. S. ARMY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01393

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; LENGTH OF STAY (in this place) 50 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Conrad (Middle) (Last) Lowe

4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 20th 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick mason

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Felton, Del

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lowe, Del

14. MOTHER'S MAIDEN NAME: Julia Montague, Del

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NK (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Elizabeth Lowe (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 5 hrs

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25, 1950, to 3/28, 1950, that I last saw the deceased alive on 3/28, 1950, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE: Hanson D George (Degree or title) MD ADDRESS Denton DATE SIGNED 3/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE Mar. 4th 50 | NAME OF CEMETERY OR CREMATORY Denton Cemetery | LOCATION (City, town, or county) Near Denton (State) Md

DATE REC'D BY LOCAL REG. 3/3/50 | REGISTRAR'S SIGNATURE Wm D George | 24. FUNERAL DIRECTOR J. Virgil Moore & Son. ADDRESS Denton

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RECEIVED
DEC 9 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01394

# CERTIFICATE OF DEATH

Reg. Dist. No. 41

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Caroline MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro — LENGTH OF STAY (in this place): Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: None | STREET ADDRESS (If rural, give location): None |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) David | (Middle) Lank | (Last) Morris | 4. DATE OF DEATH | (Month) 2 | (Day) 8 | (Year) 50 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 8/24/1865 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months 5 | Days 15 | If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Greensboro, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13. FATHER'S NAME: Peter Morris | 14. MOTHER'S MAIDEN NAME: Liza Artis | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Clinton B. Morris Greensboro, Md. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s) (b) Arteriosclerotic Cardiovascular

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Nov. 18, 1949, to Feb. 8, 1950, that I last saw the deceased alive on Feb. 8, 1950, and that death occurred at 7:30P. m., from the causes and on the date stated above.

SIGNATURE: Clark H. Greenfield (Degree or title) M.D. ADDRESS: Greensboro Md DATE SIGNED: 2/9/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/12/50 | NAME OF CEMETERY OR CREMATORY: Greensboro | LOCATION (City, town, or county) (State): Greensboro, Md. |
| DATE REC'D BY LOCAL REG.: Feb. 11-1950 | REGISTRAR'S SIGNATURE: L. Mae Pippin | 24. FUNERAL DIRECTOR: R. B. Rawlings | ADDRESS: Greensboro, Md. |

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01395

# CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Wellington, Md. — LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Denton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location) "

3. NAME OF DECEASED (Type or Print): (First) Lynnie (Middle) E. (Last) Nichols

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 6, 1900

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Federalsburg, Md. R.F.D

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Wright

14. MOTHER'S MAIDEN NAME: Alberta Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Dorsey Nichols

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

260

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 45, to Feb 13 19 50, that I last saw the deceased alive on Feb 13, 19 50, and that death occurred at 7 20 A.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

M. V. Palmer | M.D. | Easton, Maryland | 2/15/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 2 15 50 | NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery | LOCATION (City, town, or county) Federalsburg, Md. (State)

DATE REC'D BY LOCAL REG. February 15, 1950 | REGISTRAR'S SIGNATURE Everett Nuttle, Deputy | 24. FUNERAL DIRECTOR Harry Williamson | ADDRESS

RECEIVED
1950

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01396

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
LENGTH OF STAY (in this place) 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stewarts Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Valinda (Last) Pugh
4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 18 1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Somerset Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Pugh
14. MOTHER'S MAIDEN NAME Katherine Foust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Walter Pugh (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 422.1 Immediate cause | (a) Cerebral Hemorrhage c̄ hemiplegia | 1 da |
| 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Cardiovascular Disease | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recurrent Enteric Colitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1950, to Feb. 6, 1950, that I last saw the deceased alive on Feb. 6 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Charles H. Horsefin (Degree or title) M.D. ADDRESS Greensboro Maryland DATE SIGNED 2/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 8 1950
NAME OF CEMETERY OR CREMATORY Landing Neck
LOCATION (City, town, or county) Easton (Rural) Talbot (State) Md.

DATE REC'D BY LOCAL REG. Feb 6-1950
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR Manuel C. Newnam & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01397

# CERTIFICATE OF DEATH

Reg. Dist. No. 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro — LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stewarts Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) May (Last) Raynolds

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1950

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: Feb. 16 1879 — 9. AGE last birthday: 70 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Talbot Co Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: W. L. Robinson — 14. MOTHER'S MAIDEN NAME: Hester Wharton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mrs. A. N. Hopkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Chronic Myocarditis

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1949, to Feb 7, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Claude H Stevenson — (Degree or title) M D — ADDRESS Greensboro Md — DATE SIGNED 2/7/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/9/50 — NAME OF CEMETERY OR CREMATORY Greensboro — LOCATION (City, town, or county) (State) Greensboro Caroline Md.

DATE REC'D BY LOCAL REG. 2-8-1950 — REGISTRAR'S SIGNATURE L. Mae Leppien — 24. FUNERAL DIRECTOR Manuel E. Newnam & Son — ADDRESS

RECEIVED
FEB 10 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01398

Reg. Dist. No. 61

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Caroline MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro — LENGTH OF STAY (in this place): 6 Mo. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Tribbitt Nurseing Home | STREET ADDRESS (If rural, give location): None |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Oscar | (Middle) J. | (Last) Simons | 4. DATE OF DEATH | (Month) 2 | (Day) 9 | (Year) 50 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 1/5/1864 | 9. AGE last birthday: 86 yrs. | If under 1 year: Months 1, Days 4 | If under 24 hrs.: Hours, Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Penna. | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | |
| 13. FATHER'S NAME: Joseph Simons | 14. MOTHER'S MAIDEN NAME: ? Kitchline | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Joseph I. Simons Ridgely, Maryland | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) (b) Arteriosclerotic Cardiovascular

420.1 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Oct. 14, 1948, to Feb. 9, 1950, that I last saw the deceased alive on Feb. 8, 1950, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE: Charles H. Tomasson (Degree or title) MD — ADDRESS: Greensboro Md — DATE SIGNED: 1/9/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/13/50 | NAME OF CEMETERY OR CREMATORY: Greensboro | LOCATION (City, town, or county) (State): Greensboro, Md. |
| DATE REC'D BY LOCAL REG.: Feb. 11-1950 | REGISTRAR'S SIGNATURE: L. Mae Pippin | 24. FUNERAL DIRECTOR: R. B. Rawlings | ADDRESS: Greensboro, Md. |

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

01397

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Caroline; MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Queen Anne's |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; LENGTH OF STAY (in this place) 30 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS — | STREET ADDRESS (If rural, give location) ✓ |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Ira | (Middle) Franklin | (Last) Willoughby | 4. DATE OF DEATH | (Month) 2 | (Day) 5th, (Year) 1950 |
| 5. SEX Males | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower | 8. DATE OF BIRTH Dec. 2nd 1879 | 9. AGE last birthday 70 yrs. | If under 1 year: Months 1, Days 2 | If under 24 hrs.: Hours, Min. |

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Painter | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Denton Md. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13. FATHER'S NAME Daniel Willoughby | | 14. MOTHER'S MAIDEN NAME Eliza Price | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Price Willoughby, Gettysburg, Pa. R.F.D. |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Pulmonary Hemorrhage | Immediate |
| 002X Antecedent cause(s) | (b) | History of Pulmonary Tuberculosis | ? |
| 13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6 A.....m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Hanson D George Asst Medical Examiner | Denton Md | 2/5/50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Feb. 7th 50 | Pearlwood Memorial Park | Near Baltimore | Md. |
| DATE REC'D BY LOCAL REG. 2/5/50 | REGISTRAR'S SIGNATURE M D Georg | 24. FUNERAL DIRECTOR | ADDRESS J. Virgil Moore & Son | Denton |

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VS. A15

RECEIVED
FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

014010

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH**
COUNTY: Caroline — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Ridgely — LENGTH OF STAY (in this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Ridgeley — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeley
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): (First) John (Middle) Henry (Last) Wilson

**4. DATE OF DEATH**: (Month) Feb (Day) 28th (Year) 1950

**5. SEX**: Male

**6. COLOR OR RACE**: Col

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: About 1891

**9. AGE** last birthday: 58 yrs. — If under 1 year: Months / Days / Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer Worker

**10b. KIND OF BUSINESS OR INDUSTRY**: —

**11. BIRTHPLACE** (State or foreign country): Denton Maryland

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: Henry Wilson Denton

**14. MOTHER'S MAIDEN NAME**: Ruth Leapline Denton

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) / (If year, give war or dates of service):

**16. SOCIAL SECURITY NO.**: 218-07-4618

**17. INFORMANT AND ADDRESS**: Mrs John Wilson (wife) Ridgely

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the stomach — Interval between onset and death: 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 151X 46 b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

**22.** I hereby certify that I attended the deceased from Aug. 9, 1949, to Feb. 24, 1950, that I last saw the deceased alive on Oct. 25, 1949, and that death occurred at 9:10 m., from the causes and on the date stated above.

SIGNATURE: Kurt Lederer (Degree or title) M.D. ADDRESS: Queenstown, Md. DATE SIGNED: 3/2/50

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial — DATE: Mar. 5th 50 — NAME OF CEMETERY OR CREMATORY: Spring Grove Cemetery — LOCATION (City, town, or county): Denton — (State): Md.

DATE REC'D BY LOCAL REG.: 3/4/50 — REGISTRAR'S SIGNATURE: Mary E. Laird

**24. FUNERAL DIRECTOR**: J. Dwight Moore & Son — ADDRESS: Denton

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MAR 9 1950
BUREAU V. S.